Note: Each paper must have its own certificate of mailing.

Sample Form (03-04)

## AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

	Application of:										
Ash	nley Anderson Brock et al										
Appli	cation No.										
09/	/901,443										
Filed	: /09/2001										
Title:											
	NAMIC INTRUSION DETECTION FOR COMPUTER SYSTE	MS		•							
	•										
Attorney Docket No. Art Un											
RSV	920010138US1	2132									
	<del></del> -	•									
	The practitioner named below is authorized to con	dustistaniaus a	nd has the a	uthority to hind the princi	nal						
	concerned. Furthermore, the practitioner is author	rized to file come:	snondence in	the above-identified	pu.						
	application pursuant to 37 CFR 1.34:	INCO TO THE CONTE	sportacined in	The above lactioned							
١,			Dani	-testion Number							
	Name		rtegi:	stration Number							
			44,688								
	Jack Friedman Schmeiser, Olsen, and Watts										
	3 Lear Jet Lane, Suite 201										
	Latham, NY 12110	٠.		,							
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				ř							
This	is not a Power of Attorney to the above-named	practitioner. Acc	cordingly, the	practitioner named abov	/e						
does	not have authority to sign a request to change the	correspondence	address, a re	quest for an express							
aban	donment, a disclaimer, a power of attorney, or othe	r accument requi fanoroniata a s	onarate Pow	er of Attorney to the abou	VA-						
assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above- named practitioner should be executed and filed in the United States Patent and Trademark Office.											
Harrier practitioned strong he executed and they in the critical orates it are it and industrian consec.											
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	SIGNATURE OF P	ractitioner of Reco	rd								
				<del> </del>							
Name	g John R. Pivnichny										
			Deta	····							
Signa	iture 0 / P ~ A		Date	11/04							
	John Punichny		<b>-</b> . 1 1	7,1,4,							
Regist			Telephone	607-429-4358							
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This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

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PTO/SB1/22 (06-03)
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		Application Number			09/901,443						
CHAN CORRESPOND	Filing Date			07	07/09/2001						
Application			First Named Inventor		Ashley Anderson Brock						
Address to:	Art Unit			2132							
Commissioner for Patents P.O. Box 1450			Examiner Name			Thomas R. Peeso					
Alexandria, VA 2231	Attomey Docket Number			RS	RSW920010138US1						
Please change the Corres  Customer Numbe	pondence Address for the above-ide	entified paten	t application (	to:	-	CE	REC NTRAL		ED CENTER		
OR		•		_		:	NOV	18	2004		
Firm or Individual Name	Jack Friedman								_		
Address Schmeiser, Olsen, and Watts											
Address 3 Lear Jet Lane, Suite 201											
City	Latham	State	NY		Zip ]	12110					
Country	UŞ	<del>. , .</del>									
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Applicant/Inventor  Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).											
X Attomey or A	Agent of record. Registration Numbe	er <u>43,001</u>							i		
Registered percented on	oractitioner named in the application th or declaration. See 37 CFR 1.33(	transmittal le a)(1). Registr	tter in an app ation Numbe	olication W	thout a	<u> </u>					
Typed or Printed Name John R.	Pivnichny					a.					
Signature Juliu	Parialem										
Date ///7/6		Teleph	607-4	-29-4358			_				
NOTE: Signatures of ell the inventor forms if more than one signature is	s or assignees of record of the entire inte required, see below.	rest or their rep	resentative(s)	are required	f. Subm	it multiple					
	oms are submitted.		1						$\neg$		

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office. U.S. Department of Commerce. P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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